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Right-to-die group moves to Oregon

Compassion in Dying wants to help some of its patients use the doctor-assisted suicide law

The Associated Press

PORTLAND — A Seattle organization that counsels the terminally ill plans to move its headquarters to Oregon to help manage requests to use the nation's only doctor-assisted suicide law.

Compassion in Dying, formed in 1993, had gone to the U.S. Supreme Court to challenge New York and Washington state bans on assisted suicide.

The court ruled in June there is no constitutional right to assisted suicide but left room for states to grapple with banning or allowing the practice.

Morton Yanow, an American Civil Liberties Union attorney in Seattle and a right-to-die activist, says the cases made Compassion in Dying a leader in the movement.

"Their image is really impeccable," Yanow said.

Barbara Coombs Lee, a nurse-turned-lawyer who heads Compassion in Dying, helped draft Oregon's Death With Dignity Act.

The group plans to have a net-

work of counselors in the Portland area by March 1 and statewide as early as June 1.

The organization already has had inquiries about starting chapters from right-to-die advocates in Alaska, New York, New Mexico, Arkansas, Missouri and Vermont.

Opponents claim that Compassion in Dying will promote assisted suicide in Oregon. But Lee says the state needs responsible stewards of the law.

"Now that there is an area where that is a reality, it would seem irresponsible to not bring our knowledge and our experience to that place and offer it," Lee said.

By expanding, and focusing some of its efforts on legislative battles for assisted suicide in other states, Compassion in Dying is following in the footsteps and potentially stepping on the toes of the Hemlock Society, the pioneering right-to-die organization with chapters in 48 states.

The Hemlock Society, founded in 1980, provides information about voluntary euthanasia for the terminally ill and has become a force in state attempts to improve patient control over end-of-life care.

"Any place where Compassion

is there, we would utilize their services," said Faye Girsh, executive director of Hemlock Society USA in Denver. "We would refer our members to their office."

Right-to-die organizations say a few terminally ill patients have started the process of obtaining lethal prescriptions under the law.

But some patients have said it is difficult to find a doctor willing to participate because of fears of being exposed to publicity, being sued by assisted-suicide opponents or being sanctioned by the U.S. Drug Enforcement Administration for dispensing lethal drugs.

Compassion in Dying will give patients a list of doctors who are not employed by the organization but have indicated their willingness to participate in physician-assisted suicide.

The Oregon law requires that two doctors independently determine that a patient has less than six months to live and is not being coerced. They must refer a patient for psychological evaluation if the person's judgment appears to be impaired by depression.

Compassion in Dying counselors will not provide the legally required psychological evaluation or serve any other formal function under the law.

State to expand health care coverage

A new program will subsidize health insurance for low-income workers not covered by the Oregon Health Plan

By Brad Cain

The Associated Press

SALEM — State officials are still working out the details, but this summer thousands of Oregon's "working poor" will become eligible for the first time for a government subsidy to buy health insurance.

The program will make subsidies available to 20,000 low-income working people who can't afford insurance but also earn too much to qualify for coverage under the Oregon Health Plan.

"This is a real ground-breaking step for Oregon," says Leslie Carlson, spokeswoman for Gov. John Kitzhaber. "We're reaching out to people who work, who have jobs, but who can't go to the doctor if they get sick."

Kitzhaber persuaded the 1997 Legislature to spend \$23.3 million in tobacco tax money on the subsidy program as part of his continuing push to reduce the number of uninsured Oregonians.

The state's insurance pool governing board, which will operate the subsidy program, says applications will be available in June, and the first payments are expected to go out in July.

For Barbara Hoptowit, a Salem food service worker and single mom with no health insurance, the subsidy will mean she won't have to worry about getting medical care for her daughter Tenisha, 6.

"I let her play soccer and T-ball. But I just pray that she doesn't get hurt or sick. It's always in the back of my mind," says Hoptowit, 34.

Oregon gained national notoriety in February 1994 when it began extending medical care to 120,000 of

the state's working poor by limiting services covered by Medicaid, the state-federal insurance program.

Kitzhaber, who is the author of the health plan, pushed for the subsidy plan partly because earlier Legislatures, under pressure from business groups, let another portion of the health plan die. Called the "employer mandate," that part of the plan would have required businesses to provide insurance for their workers.

At Kitzhaber's behest, the 1997 Legislature agreed to use some of the proceeds from a cigarette tax hike approved by Oregon voters in November 1996 to create the insurance subsidy program.

Lawmakers also set aside another \$20 million from the cigarette tax hike to extend Oregon Health Plan coverage to about 20,000 pregnant women and children.

The subsidy program, in particular, is seen by Kitzhaber and other health plan backers as a major step toward the goal of providing health coverage to all Oregonians.

"We need to concentrate on the low- to moderate-income people who pay taxes to help those in poverty. They themselves need financial assistance," says Barney Speight, head of the Office for Oregon Health Plan Policy and Research.

The latest expansion moves should cut the percentage of Oregonians who lack insurance from 11 percent to 8 percent within two years — one of the lowest rates in the country, Speight says.

Low-income workers who want to apply for the subsidy will be required to submit information on their personal finances and their employment to the state.

To qualify, the worker's income can't exceed 150 percent of the federal poverty level, which for a family of four would be about \$2,000 a month.

Health officials say flu season has arrived

The Associated Press

PORTLAND — Oregon's flu season has arrived, with state health officials confirming that a Multnomah County woman recently contracted the state's first confirmed case of influenza Type A.

The unidentified woman got sick on Dec. 23 and was briefly hospitalized, but has since recovered. A throat culture from the woman confirmed she had the flu, officials said.

Although Oregon's flu season has started as early as November in past years, the relatively late arrival of the flu doesn't mean this will be a mild season.

Influenza is usually more widespread than state health officials realize because doctors are not re-

quired to report the illness, a Health Division official said.

"What we see is just the tip of the iceberg," said Dr. Paul Cieslak, head of the agency's communicable disease program. "This probably means there are a lot more cases out there that haven't been diagnosed."

In the state's first confirmed flu case, the doctor who was treating the woman — described as being in her 30s — took a throat culture and sent it to the state laboratory for analysis.

"The patient was very sick, in the hospital, and the doctor thought it would be important to confirm his diagnosis of flu," Cieslak said.

Influenza is a highly contagious viral infection that starts with a

sudden onset of chills and fever. Symptoms include a sore throat, cough, muscular pains and a general weakness.

"It's the kind of thing that when people get it they say, 'I haven't been this sick in a decade,'" Cieslak said.

It isn't too late to get a flu shot, since the season could last through March or April.

The vaccination is especially important for people older than 65 and for those with weak immune systems, though Cieslak said he thinks just about everybody should consider getting a flu shot.

"The flu really knocks you on your back," he said. "I get a flu shot every year because I don't want to miss a few days of work."